



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE**

Report Covering the Period:

From:

04 01 2014

To:

06 30 2014

|  | COLUMN A<br>This Period  | COLUMN B<br>Calendar Year-to-Date                                    |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <span style="border: 1px solid black; padding: 2px;">2014</span>       |  | <span style="border: 1px solid black; padding: 2px;">327.900</span>  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <span style="border: 1px solid black; padding: 2px;">327.00</span>   |  |
| (c) Total Receipts (from Line 19).....   | <span style="border: 1px solid black; padding: 2px;">25.00</span>    | <span style="border: 1px solid black; padding: 2px;">2.00</span>     |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....      | <span style="border: 1px solid black; padding: 2px;">330.4.00</span> | <span style="border: 1px solid black; padding: 2px;">3.304.00</span> |
| 7. Total Disbursements (from Line 31).....   | <span style="border: 1px solid black; padding: 2px;">267.00</span>   | <span style="border: 1px solid black; padding: 2px;">267.00</span>   |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                 | <span style="border: 1px solid black; padding: 2px;">3037.00</span>  | <span style="border: 1px solid black; padding: 2px;">3037.00</span>  |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | <span style="border: 1px solid black; padding: 2px;">0</span>        |  |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | <span style="border: 1px solid black; padding: 2px;">0</span>        |  |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE**

Report Covering the Period: From: **04 01 2014** To: **06 30 2014**

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 0                             | 0                                 |
| (ii) Unitemized.....  | 25.00                         | 25.00                             |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 25.00                         | 25.00                             |
| (b) Political Party Committees.....   | 0                             | 0                                 |
| (c) Other Political Committees (such as PACs).....  | 0                             | 0                                 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶  | 25.00                         | 25.00                             |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0                             | 0                                 |
| 13. All Loans Received.....   | 0                             | 0                                 |
| 14. Loan Repayments Received.....   | 0                             | 0                                 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0                             | 0                                 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0                             | 0                                 |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0                             | 0                                 |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 0                             | 0                                 |
| (b) Levin Funds (from Schedule H5).....   | 0                             | 0                                 |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0                             | 0                                 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶                         | 25.00                         | 25.00                             |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 25.00                         | 25.00                             |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 267.00                        | 267.00                            |
| (ii) Non-Federal Share.....  | 0                             | 0                                 |
| (b) Other Federal Operating Expenditures .....   | 0                             | 0                                 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 267.00                        | 267.00                            |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0                             | 0                                 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0                             | 0                                 |
| 24. Independent Expenditures (use Schedule E) .....  | 0                             | 0                                 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0                             | 0                                 |
| 26. Loan Repayments Made.....  | 0                             | 0                                 |
| 27. Loans Made.....  | 0                             | 0                                 |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0                             | 0                                 |
| (b) Political Party Committees .....   | 0                             | 0                                 |
| (c) Other Political Committees (such as PACs).....   | 0                             | 0                                 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0                             | 0                                 |
| 29. Other Disbursements .....  | 0                             | 0                                 |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0                             | 0                                 |
| (ii) "Levin" Share.....  | 0                             | 0                                 |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 267.00                        | 267.00                            |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 267.00                        | 267.00                            |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 267.00                        | 267.00                            |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 267.00                        | 267.00                            |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | , 00                          | , 00                              |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.                            | 0.                                |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 0.                            | 0.                                |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | , 267.00                      | , 267.00                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....                | 0.                            | 0.                                |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | , 267.00                      | , 267.00                          |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE **6** OF **12**

(check only one)

|                              |                              |                              |                             |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE**

Full Name (Last, First, Middle Initial)

|   |       |                                    |
|---|-------|------------------------------------|
| <b>A.</b>   |       | Date of Receipt                    |
| Mailing Address   |       | M / M / D D / Y Y Y Y              |
| City  | State | Zip Code                           |
| FEC ID number of contributing federal political committee.        |       | Amount of Each Receipt this Period |
| Name of Employer  |       |                                    |
| Occupation  |       |                                    |
| Receipt For:  |       | Aggregate Year-to-Date ▼           |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |       |                                    |
| <input type="checkbox"/> Other (specify) ▼                        |       |                                    |
| <b>B.</b>   |       | Date of Receipt                    |
| Mailing Address   |       | M / M / D D / Y Y Y Y              |
| City  | State | Zip Code                           |
| FEC ID number of contributing federal political committee.        |       | Amount of Each Receipt this Period |
| Name of Employer  |       |                                    |
| Occupation  |       |                                    |
| Receipt For:  |       | Aggregate Year-to-Date ▼           |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |       |                                    |
| <input type="checkbox"/> Other (specify) ▼                        |       |                                    |
| <b>C.</b>   |       | Date of Receipt                    |
| Mailing Address   |       | M / M / D D / Y Y Y Y              |
| City  | State | Zip Code                           |
| FEC ID number of contributing federal political committee.        |       | Amount of Each Receipt this Period |
| Name of Employer  |       |                                    |
| Occupation  |       |                                    |
| Receipt For:  |       | Aggregate Year-to-Date ▼           |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |       |                                    |
| <input type="checkbox"/> Other (specify) ▼                        |       |                                    |

**NO RE**

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **7** OF **12**

|                              |                              |                              |                              |                             |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE**

Full Name (Last, First, Middle Initial)

|  |   |
|--|---|
| <b>A.</b>  | Date of Disbursement                    |
| Mailing Address  | MM/DD/YYYY                              |
| City State Zip Code  |   |
| Purpose of Disbursement  | Amount of Each Disbursement this Period |
| Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               | Category/Type                           |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
| State: District:   |   |
| Full Name (Last, First, Middle Initial)  | Date of Disbursement                    |
| Mailing Address  | MM/DD/YYYY                              |
| City State Zip Code  |   |
| Purpose of Disbursement  | Amount of Each Disbursement this Period |
| Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               | Category/Type                           |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
| State: District:   |   |
| Full Name (Last, First, Middle Initial)  | Date of Disbursement                    |
| Mailing Address  | MM/DD/YYYY                              |
| City State Zip Code  |   |
| Purpose of Disbursement  | Amount of Each Disbursement this Period |
| Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               | Category/Type                           |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
| State: District:   |   |

NONE

|  |  |
|--|--|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      |  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |  |

**SCHEDULE C (FEC Form 3X)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE **8** OF **12**  
FOR LINE 13 OF FORM 3X

|  |                            |   |
|--|----------------------------|---|
| NAME OF COMMITTEE (In Full)  |                            |   |
| <b>NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE</b>  |                            |   |
| LOAN SOURCE Full Name (Last, First, Middle Initial)  |                            | Election:   |
| Mailing Address  |                            | <input type="checkbox"/> Primary  |
| City State ZIP Code  |                            | <input type="checkbox"/> General  |
|  |                            | <input type="checkbox"/> Other (specify) ▼                                  |
| Original Amount of Loan  | Cumulative Payment To Date | Balance Outstanding at Close of This Period                                 |
|  |                            |   |
| <b>TERMS</b>   | Date Incurred              | Date Due Interest Rate Secured:   |
|  | MM/DD/YYYY                 | MM/DD/YYYY % (apr) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| List All Endorsers or Guarantors (if any) to Loan Source   |                            |   |
| 1. Full Name (Last, First, Middle Initial)   |                            | Name of Employer  |
| Mailing Address  |                            | Occupation  |
| City State ZIP Code  |                            | Amount Guaranteed Outstanding:  |
| 2. Full Name (Last, First, Middle Initial)   |                            | Name of Employer  |
| Mailing Address  |                            | Occupation  |
| City State ZIP Code  |                            | Amount Guaranteed Outstanding:  |
| 3. Full Name (Last, First, Middle Initial)   |                            | Name of Employer  |
| Mailing Address  |                            | Occupation  |
| City State ZIP Code  |                            | Amount Guaranteed Outstanding:  |
| 4. Full Name (Last, First, Middle Initial)   |                            | Name of Employer  |
| Mailing Address  |                            | Occupation  |
| City State ZIP Code  |                            | Amount Guaranteed Outstanding:  |
| <b>SUBTOTALS</b> This Period This Page (optional)..... ▶   |                            |   |
| <b>TOTALS</b> This Period (last page in this line only)..... ▶   |                            |   |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. |                            |   |

NONE



SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
10

NAME OF COMMITTEE (In Full)

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Nature of Debt (Purpose):
Mailing Address
City State Zip Code

Outstanding Balance Beginning This Period
Amount Incurred This Period
Payment This Period
Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Nature of Debt (Purpose):
Mailing Address
City State Zip Code

Outstanding Balance Beginning This Period
Amount Incurred This Period
Payment This Period
Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Nature of Debt (Purpose):
Mailing Address
City State Zip Code

Outstanding Balance Beginning This Period
Amount Incurred This Period
Payment This Period
Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)
2) TOTALS This Period (last page this line number only)
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

11-01-03

NO INFO

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>NAPA COUNTY REPUBLICAN CENTRAL COMM.</b>   | FEC IDENTIFICATION NUMBER<br><b>C 00455659</b> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> |  |

|   |  |
|---|--|
| Full Name (Last, First, Middle Initial) of Payee  | Date<br><span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> |
| Mailing Address   | Amount<br><span style="border: 1px solid black; padding: 2px;">XXXXXXXXXX</span>   |
| City State Zip Code   |  |
| Purpose of Expenditure  | Category/Type <span style="border: 1px solid black; padding: 2px;">XXXX</span>   |
| Name of Federal Candidate Supported or Opposed by Expenditure:  | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President  |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">XXXXXXXXXX</span> | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose  |
| Full Name (Last, First, Middle Initial) of Payee  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____  |
| Mailing Address   | Date<br><span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> |
| City State Zip Code   | Amount<br><span style="border: 1px solid black; padding: 2px;">XXXXXXXXXX</span>   |
| Purpose of Expenditure  |  |
| Category/Type <span style="border: 1px solid black; padding: 2px;">XXXX</span>  | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President  |
| Name of Federal Candidate Supported or Opposed by Expenditure:  | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose  |
| Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">XXXXXXXXXX</span> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____  |

|   |  |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....    | <span style="border: 1px solid black; padding: 2px;">XXXXXXXXXX</span> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... | <span style="border: 1px solid black; padding: 2px;">XXXXXXXXXX</span> |
| (c) TOTAL Independent Expenditures.....                   | <span style="border: 1px solid black; padding: 2px;">XXXXXXXXXX</span> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_ Date MM / DD / YYYYYY



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PK NAPA CA 94558



7011 1150 0001 2561 5130



UNITED STATES POSTAL SERVICE



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1000

20463

RECEIVED  
2014 JUL 14 AM 11:02  
EC MAIL CEN

FEDERAL ELECTION COMMISSION  
999 E STREET NW  
WASHINGTON, D.C. 20463

RETURN RECEIPT  
REQUESTED

FIRST CLASS MAIL

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

|  |   |
|--|---|
| <input type="checkbox"/> Hand Delivered                                    | Date of Receipt                                     |
| <input type="checkbox"/> USPS First Class Mail                             | Postmarked  |
| <input checked="" type="checkbox"/> USPS Registered/Certified              | Postmarked (R/C)<br>7/10/14                         |
| <input type="checkbox"/> USPS Priority Mail                                | Postmarked  |
| <input type="checkbox"/> USPS Priority Mail Express                        | Postmarked  |
| <input type="checkbox"/> Postmark Illegible                                |   |
| <input type="checkbox"/> No Postmark                                       |   |
| <input type="checkbox"/> Overnight Delivery Service (Specify):             | Shipping Date                                       |
|  | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt                                     |
| <input type="checkbox"/> Received from Senate Public Records Office        | Date of Receipt                                     |
| <input type="checkbox"/> Received from Electronic Filing Office            | Date of Receipt                                     |
| <input type="checkbox"/> Other (Specify):                                  | Date of Receipt or Postmarked                       |



PREPARER  
(8/2013)

7/14/14

DATE PREPARED

2014-07-14 10:11:11